



Instructions for Applicant to Complete People with Disabilities Transportation Services Application

The standard eligibility and registration form contains four parts. This form is also available in large print, and other formats (Braille and on tape). If you require an alternate format, contact the transit provider. The following instructions summarize the major sections of the form and provide assistance in effectively completing the form and providing the required documentation to LANTA (the Lehigh and Northampton Transportation Authority).

Part 1: General

- Please print your name, address and other identifying information on the form;
- Respond to the question of whether or not you have a disability based on the ADA definition by checking Yes or No;
- The ADA definition of a disability is quoted.

Part 2: Written Verification That You Are A Person With A Disability

- You must provide written verification of a disability to be eligible for discounted shared-ride fares through the PwD project;
- If you have an existing form of written verification, submit it to the transit provider (Attachments B – E of the form's supporting information section provide samples of verification documents that are used by different organizations);
- If you do not have some form of written verification, please contact one of the organizations, or similar, listed on page 2 for confirmation of a disability **or** use Attachment F, the PwD project's certification of disability form and return the form to the transit provider;
- Please identify the organization providing the written verification.

Part 3: Income and Household Related Data

- Please place a check next to a range that matches your gross annual income. It is the same as that reported for tax purposes;
- Please place a check next to the appropriate number for household size. Household size means the number of persons who reside in your private residence.

Note: This information is required but does not affect eligibility for PwD.

Part 4: Avoiding Duplication of Transportation Services

- The PwD project is not to replace current transportation services;
- If current transportation services and costs are covered by another program, you must identify all of the funding sources from the list provided;
- If you are a current Medical Assistance Transportation Program (MATP) client, you must provide your Access card issue and recipient numbers.

Note: Do not complete section number 2

- Transit provider staff will check that, if applicable, they have informed you of your referral to the County Assistance Office (CAO) for a determination of eligibility for Medical Assistance (MA) and other programs;
- Transit provider staff will check that, if applicable, your registration form has been faxed to the CAO and provide the date of the referral;

- The transit provider staff person making the referral to the CAO will initial the form;
- Additional information about the MATP is provided in the MATP eligibility guidelines that are in the form's supporting information section.

Part 5: Information So We May Serve You Better

- You must indicate whether or not you have a permanent disability based on the standard definition that is provided;
- If you do not have a permanent disability, please specify how long the disability is expected to last;
- Regarding the nature of the disability, place a check mark next to all of the listed disabilities that are applicable (Attachment A of the supporting information section provides a description of three categories of disabilities);
- If you have a mobility disability, please check all of the mobility aids that are used;
- Also, check whether or not you need a personal care attendant or escort;
- If a personal care attendant or escort is needed sometimes, describe when the assistance is needed;
- You should provide the name and contact information for an emergency contact (optional);
- Please describe anything else that the transit provider needs to know in order to provide you with better service.

Part 6: Release of Information and Your Certification of the Application Form

- The first part of this section is a release of information statement that gives permission for staff of the transit agency to receive information about your disability from a health organization;
- You or the person completing the form must confirm permission for a release of information by signing and dating the form;
- The next section is a statement that certifies your understanding of the PwD project application process and the validity of the information provided;
- You or the person completing the form must confirm the certification statement by signing and dating the form;
- If you did not complete the form, the last line requests the name and telephone number of the person who completed the form and that person's relationship to you.

Eligibility and Registration Form – Supporting Information

- Medical Assistance Transportation Program (MATP) Eligibility Guidelines – This section relates to Part 4, Avoiding Duplication of Transportation Services. It explains the PwD project requirement that eligible applicants have their medical trips funded by the MATP. Those applicants who appear to be eligible are to be referred to the CAO for a determination of eligibility for Medical Assistance (MA) and other programs. These guidelines are to be reviewed when completing Part 4 of the form.
- Documentation of Disabilities – This section references Attachment A, which describes three disability categories: mental impairment, including development disabilities; physical impairment; and major life activities. These disability categories relate to the question concerning the nature of an applicant's disability in Part 5 of the form.

- This section also restates the requirement in Part 2 of the form that written verification of a disability must be provided. Some examples of organizations that can document an applicant's disability are cited.

Attached are the following samples of the type of agency forms that are acceptable for the determination and verification of a disability:

- Attachment B – This form, which must be completed by a physician or agency, is used by the Washington County Transportation Program to verify an applicant's disabling condition and need for special transportation services. PwD project transit agencies will need to utilize this type of form when an applicant cannot provide current verification of a disability and needs to obtain the written verification from a physician or agency.
- Attachment C – This comprehensive medical examination form is used by the Office of Vocational Rehabilitation to obtain the information that it needs for the determination of a mental or physical disability. The form includes the signatures of a counselor and a physician. Some PwD project applicants may provide this form as written verification of a disability.
- Attachment D – This application for attendant care services may be provided by some applicants as written verification of a disability.
- Attachment E – OSP/OBRA waiver eligibility review form is another example of a document that verifies an applicant's disability.

Note: As stated in Part 2, **if you have no other existing form of written verification**, then Attachment F, the PwD project certification of disability form, can also be used to verify that you have a disability. This form is to be returned to the transit provider. Please contact the transit provider if there are questions.

LANTA
1060 Lehigh Street
Allentown, PA 18103

610-432-3200